	of Health Service R				FORN	APPROVED
STATEMEN AND PLAN	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION 3: 01	(X3) DATI	E SURVEY PLETED
		HAL017054	B. WING _	··	06/	16/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
CASWEL	L HOUSE		IGHWAY 16			
			/ILLE, NG 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF GORREGTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	OOMPLETE DATE
C 000	Initial Comments		C 000			
	Report of a Biennia Miller on June 16 2	I Construction Survey by Ed 016.		,		
	licensed on Februa	at Caswell House was first ry 14, 2006 as a Home for the				
	beds with 42 of the Care Unit. Based or	s currently licensed for 100 beds designated as a Special n this information the facility is a 2004 Rules for the Licensing		*		ν
	of Adult Care Home of the 2005 Licensis Seven or More Bed	is, the applicable components ing of Adult Care Homes of s, and the 2002 (w/revisions) be Building Code for Group I-2				
		oted which require a Plan of	,			
C 101	Existing Licensed F	ac- No less than '71 Rules	C 101			
	care home shall be (2) Except where o licensed facilities or facilities shall meet	O1 APPLICATION OF REQUIREMENTS equirements for each adult applied as follows: therwise specified, existing portions of existing licensed licensure and code		19		
	change in service of renovation, or altera the requirements for no addition or renov than those requirem "Minimum and Desir	ct at the time of construction, bed count, addition, tion; however in no case shall any licensed facility where ation has been made, be less ents found in the 1971 and Standards and emes for the Aged and Infirm",	,	_		
	copies of which are Health Service Regulation	available at the Division of			,	
BORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE		(XG) DATE
6	Jun 5	· Coracon		Execustive Director	~~ <sub>1</sub> \	14/2016
TATE FORM	X		ess T	GD(21	if continuati	on sheet 1 of 11

_	Division	of Health Service Re	egulation			LOKA	APPROVED
	STATEME	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		SURVEY
l			POLICIFICATION NUMBERS	A. BUILDING	≥ 01	COM	PLEYED
L			HAL017054	is. Winds		06/	16/2016
	NAME OF	PROVIDER OR SUPPLIER	STREET AC	ORESS, ONY,	STATE, ZIP GODE		1412.010
	GAŚWE	LL HOUSE	535 US H	IGHWAY 15	8 WEST		
L				VILLE, NO 2	27379		
	(X4) II) PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST WE PRECEDED BY FULL SCHOENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH GORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROX DEFICIENCY)	D Silv	(X6) COMPLETE DATE
	C 101	Continued From page	ge 1	0,101			1
		Staff, the facility faile requirements in effective findings on June 16 a. Nurse Station and does not have a wiri	vation and interview with ed to meet the Code of at the time of construction.		The special looking system wir diagram is hanging at the Nurs station		6/20/2016
	C 148	Corridors-Handralls		C 148			
		corridors at 36 inche	6 PHYSICAL				
		maintained in a safe handralis in the corri- all residents, staff an unstable handrall by safety, stability/balan required of these dev Findings on June 15, a. Corridor between Room - the handrall v	ration, the building was not manner by not having stable dor. This deficiency affects d visitors who use this not providing increasing ce, and mansuverability //ces. 2015: Bedrooms 314 and Sitting was loose.	,	The handrail has been tighten,		6/20/2016
	0 154	Entrances/Exits-Wan	derer Alarms	C 164			
		SECTION .0300 - PH 10A NCAC 13F .0309 ENVIRONMENT					
V	sion of He	alth Service Regulation					

Di	vision	of Health Service Re	gulation			FORM	APPROVED
ST	ATEME	NT OF DEFICIENCIES	(X1) PROVIDER/BUPPLIER/GUA		LE CONSTRUCTION	(X9) DATE	SURVEY
An	O PLAN	OF CORRECTION	DENTIFICATION NUMBER:	A, BUILDING	9: 01	COMP	LETED
			HAL017054	5. WING		06/1	8/2016
NA	ME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP GODE		
				GHWAY 15			
GA	RME	LI. HOUSE		/ILLE, NC 1			
0	(4) (D	SUMMARY STA	TEMENT OF DEFICIENCIES	ib	PROVIDER'S PLAN OF CORRECTIO	- N	648
P	(4) ED KEPIX (AG)	(EACH DEMORENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	PREFIX	(EACH CORRECTIVE ACTION SHOUL)	3 DC	(46) DOMPLETE
· '	i,ma	ACCOUNTER ON L	S IDEI ALL MACHINE MACHINE MONTH ON	TAG	GROSS-REPERENCED TO THE APPROP OFFICIENCY)	RIATE	DATE
	3 154	Continued From page	7	0.444		···-	-
'	J 104		•	C 164	1		
ĺ		(h) The requirement	ts for outside entrances and				
		exits are:					
		(4) In nomes with a	t loast one resident who is raidian or is otherwise known				
		to be disoriented or	a wanderer, each exit door				
		accessible by reside	nta shall be equipped with a				
		sounding device tha	t is activated when the door is				
		opened. The sound	shalf be of sufficient volume	/			
	- 1	that it can be heard	by staff. If a central system		,		
	ŀ	control nanel for the	devices is provided, the system shall be located in				
		the office of the adm	Instrator or in a location				
			aff authorized by the				
	- 1		rate the control panel.			- 1	J
	- 1						
	- 1	This Rule is not met	as evidenced by:				
		1. Dased on Obser	vation, the facility failed to			ĺ	
	1	provide exit doors the	at are accessible by ped with sounding devices				- 1
	- 1	that activate when th	e door opens.				I
	- 1	Findings on June 18	2016;				- 1
	.	<ol> <li>Dining Room Ex</li> </ol>	terior Exit - this " Special		STI screamer covers have been	ordered	
	- 1	Looking " exit had a	n un-alarmed protective				
		cover over the emerg	gency release switch, This		Estimated completion: 8/1/2016	1	- 1
			stricted access to the switch In addition, the exit had no			[	
		other notification dev	in addition, the exit had no				
			r Bedroom 104 - this "	í	STI screamer covers have been	ordereģ	
	- 1	Special Locking " ex	it had a non-working		Estimated completion: 8/1/2016		
		alarmed protective of	over over the emorgency		Estimated completion; 0/1/2016		
		release switch. This	allows residents unrestricted				
		access to the switch	that unlocks that exit. In			- 1	[
	- 1	o. Exterior Exit nac	no other notification device. Bedroom 109 - this "			_ ,	. 1
	- 1.	Special Locking " ex	It had no alarmed protective		STI screamer covers have been	ordere	1 . [
			jency release switch. This		Estimted completion: 8/1/2016	Į	]
		allows residents unre	stricted access to the switch				1
	- 1	that unlooks that exit,	In addition, the exit had no				- 1
		other notification dev					
			Bedroom 602- this "				
wiston	of Hea	alth Service Regulation					_

	of Health Service Re				FORM AP	ROVED
STATEME AND PLA	NT OF DEFICIENCIAS N OF CORRECTION	(X1) PROMOEN/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIP A. BUILD(NO	LE CONSTRUCTION SI 61	(Xa) DATE SUR COMPLET	
		HAL017084	B. WING		06/18/2	016
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY.	STATE, ZIP GODE	V9/16/2	010
CASWE	LL HOUSE	535 US H	IGHWAY 15	6 WEST		
(X4) ID PREFIX TAG	OUMMARY STA (EACH DEFICIENCY REGULATORY OR LE	TEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL SGIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (BACH CORRECTIVE ACTION BHOULD GROSS-KEFERRINGED TO THE APPROP DEFICIENCY)	0.00	(265) DATE DATE
C 154	Continued From pag	ge 3	G 154			1
	protective cover over switch, This allows it	xit had an unalarmed of the emergency release residents unrestricted access looks that exit. In addition, the tification device.		STI Screamer covers have been Estimated completion: 8/1/2016		
	SECTION .0300 - Pl 10A NCAC 13F .030 FURNISHINGS (a) Adult care homes (1) have walfs, cellin coverings kept clean (2) have no chronic (3) have furniture ck (a) This Rule shall a facilities.  This Rule is not met 1. Based on Obser- have walfs, cellings, a kept clean and in goo Findings on June 16, a. Dining Room - th repaired but the finish 2. Based on Obser- have furniture kept cl Findings on June 18,	s shall:  ags, and floors or floor  and in good repair;  unpleasant odors;  exh and in good repair;  upply to new and existing  as evidenced by: vation, the facility falled to and floors or floor coverings of repair.  2016:  a texture celling had been by was incomplete.  /ation, the facility falled to eath and in good repair.  2016:	C 164	The Dining Room texture celling repaired. Estimated completion date: 8/1/2	2016	
	door,	ne wardrobe was missing a stined Free of Hazards	C ten	been put on order. Estimated completion: 8/1/2016		
	SECTION .0300 - PH 10A NGAC 13F .0306 FURNISHINGS (a) Adult care homes	YSICAL PLANT . HOUSEKEEPING AND	C tes			
will to nothly.	aan aarvice Kegulation					

_Division	of Health Service Re	egulation			I- CHAIN	TAPPROVEL
STATEMEN	YT OF DEPICIENCIES OF CORRECTION	(X1) PROVIDER/GUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION 8: 61		E SURVEY PLETED
		HAL017064	a, WNG _		08/	16/2016
NAME OF E	PROVIDER OR MUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP GOOE		14/4/2/14
CASWEL	L HOUSE		OHWAY 15	- 1		
			JILLE, NC 2	27379		
(X4) ID PREFIX TAG	(EACH DIFFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	PRIPAX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD (EACH CORRECTIVE ACTION SHOULD GROSS-REFERENCED TO THE APPROPROPERTY)	N D BE RIATE	OOMPLETE DATE
C 166	Continued From pa	ge 4	G 166			
	orderly manner, free hazards;	h an uncluttered, clean and e of all obstructions and apply to new and existing		,		
	provide an environment damper in the suppliare not free of obstrated do not close comple contain the fire and origin.  Findings on June 16 s. Main Nurse States.	rvation, the facility falled to nent free of all hazards. HVAC les, returns, ventilation grilles uctions. This could affect all visitors if in a fire the dampers tely and in a timely manner to smoke within the room of 1, 2016; lon - the HVAC return grilles empers had an excessive		Housekeeping will clean the HV return grills and their radiation of on a monthly schedule.		8/20/2010
	Based on Obser prevent chronic unplanted all residents, strem to an unplease Findings on June 16 a. Bedroom 101 - t	vation, the facility failed to easant odors. This would staff and visitors by exposing on environment.		The room has been cleaned. The resident is incontinent, we are tryin remind and assist him in knowing where to relieve himself.	g to	6/18/2016
	maintained free of he medical oxygen cylin handled/stored. This staff and visitors if oy valves, propelling the dangerous projectile. Findings on June 16, a. Nurse Station - o	2016: ne portable medical oxygen	,	The portable medical oxygen cylin	der has	6/16/2016
i t	the structure.	ne portable medical oxygen		been secured.		

_	Division	of Health Service Re				FORM	APPROVED
		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION 3: 61		BURVEY PLETED
			HAL017054	a, WING			4417044
Г	NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP GODE	96/	16/2016
	CASWE	LL HOUSE	536 US H	GHWAY 15	8 WIEST		
	(X4) IP PREFIX TAG	I (EACH DEPICHMOV	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCIED TO THE APPROP DEPICIENCY)	186	(X6) COMPLETE DATE
	C 166	Continued From pag	ge 5	C 166		····	<u> </u>
		cylinder was stored the structure.	standing up not secured to		The cylinders are secured,		6/17/2016
	C 183	Fire Extinguishers		C 183			
		<ul> <li>(a) At least one five</li> <li>A-B-C type fire extin</li> <li>2,500 square feet of</li> <li>(b) One five pound</li> </ul>	B FIRE EXTINGUISHERS pound or larger (net charge) guisher is required for each floor area or fraction thereof, or larger (net charge) A-B-C- lired in the kitchen and, where				
		properly maintain the seacciated equipment residents, staff and venergency equipment order. Findings on June 16, a. Sprinkler Riser Finaintenance, performance,	ration, the facility failed to stre extinguishers and nt. This would affect all risitors by not identifying nt not in proper working 2016: toom - since the annual med in February 2016, there entation of the portable fire		This was an oversitemonthly in: of sprinkler riser room fire exting will be completed		n <b>s</b> /17/2016
	C 189	Building Equipment F	Maintained Safe, Operating	C 189			
		machanical, and plun care home shall be no operating condition. (k) This Rule shall a facilities with the excu which shall not apply	OTHER  all fire safety, electrical,  nbing equipment in an adult naintained in a safe and  oply to new and existing option of Paragraph (e)	-			
Ψü	uon of Hei	alth Service Regulation					

STATE FORM

100

TGD121

Proontinuation sheet, 4 or 11

C 189 Continued From page 8 C 189 This Rule is not met as evidenced by: 1. Based on observation, interview with Maintenance Tech and review of documents, the Building was not maintained in a safe and operating condition. This would expose all occupants to fire if the sprinkler system did not supply water soon enough to suppress the fire. Findings on June 16, 2018 a. Examination of the fire sprinkler riser revealed the accelerator had been by-passed. The Fire Marshal was contacted and a fire watch was implemented starting at 6:00 PM.  2. Based on observations and record review, the Building was not maintained in a safe and operating condition. This could expose all occupants to fire if the fire sprinkler heads have their thermal elements insulated with dubris causing a delay in the response to a fire. Findings on June 16, 2018: a. Most of the Building - the fire sprinkler heads were debris-loaded with lith/dust.  3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(a) proteoting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not contribute the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not contribute the smoke of the fire in the compartment of origin. Findings on June 18, 2018: a. Cross-Corridor Doors near Bedroom the fire later appared.  The cross-Corridor Doors near Bedroom the back teat hits the floor and will not close on its own power when the fire alarm system released		of Health Service Re	egulation			1 4-1111	VLLKOAED
HAL017084  B. WING  AMAGE OF PROVIDER OR BUPPLIER  STREET ADDRESS, CITY, STATE, ZIP GODE  ASSWELL HOUSE  SAS US HIGHWAY 188 WEST YANGEYVILLE, NO. 27379  AND SUMMARY GAVERNERY OF DEPRESENCIES PREENT (EACH INSMISHER OF DEPRESENCIES) PREENT (EACH INSMISHER OF DEPRESENCIES) PREENT (EACH INSMISHER OF DEPRESENCIES) PREENT YAO  Continued From page 6  Continued From page 6  Continued From page 8  Continued From page 8  Continued From page 8  Continued From page 8  This Rule is not met as evidenced by Beard on observation, interview with Maintenance Tech and review of documents, the Buildings on an endintenance in a safe and operating condition. This would expose of the fire sprinkler riser revealed the accelerator had been by-passed. The Fire Marshal was contacted and a fire watch was implemented starting at 500 PM.  Based on observations and record review, the Building was not maintained in a safe and operating condition. This evoid expose all occupants to fire if the fire sprinkler heads have their thermal elements insultand with debris causing a delay in the response to a fire. Findings on June 16, 2016:  a. Most of the Building - the fire sprinkler heads were debris-loaded with intriduet.  3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(a) protecting the opening in the smoke bearier oft ont close completely and latch to restrict smoke. This could affect all residents, staff and visitions by not conthining the smoke of the fire in the compartment of origin. Findings on June 16, 2016:  a. Creatury Fire has a part on order to repair the accelerator. Estimated completion:  8/1/2016  Century Fire has a part on order to repair the accelerator. Estimated completion:  8/1/2016  Century Fire has a part on order to repair the accelerator. Estimated completion:  8/1/2016  The fire aprinkler heads have been cleaned, 6/20/201  The fire aprinkler heads have been cleaned, 6/20/201  The cross-Corridor Doors hear Bedroom the fire starm system released the store.  6/18/201			(X1) PROVIDER/BUPPLIER/OLIA	1 7			
ANAGE OF PROVIDER OR BUPPLIER  CASWELL HOUSE  STATUS HIGHWAY 158 WEST  ANAGEYVILLE, NO 27379  DEPONDERS PLAN OF CORRECTION PROVIDERS	Lists Listly	or wormcorron	DENTIFICATION NUMBERS	A. BUILDING	N 01	COMP	*LECTHED
ANAGE OF PROVIDER OR BUPPLIER  CASWELL HOUSE  STATEST ADDRESS, CITY, STATE, 2IP CODE  STANGETY LLE, NO 27379  DELINARY STATEMENT OF DEFICIENCES TO ANAGEY VILLE, NO 27379  COUNTY STATEMENT OF DEFICIENCES TO ANAGEY VILLE, NO 27379  COUNTY STATEMENT OF DEFICIENCES TO ANAGEY VILLE, NO 27379  COUNTY STATEMENT OF DEFICIENCES TO ANAGEY VILLE, NO 27379  COUNTY STATEMENT OF DEFICIENCES TO ANAGEY VILLE, NO 27379  COUNTY STATEMENT OF DEFICIENCES TO ANAGE VILLE, NO 27379  COUNTY STATEMENT OF DEFICIENCES TO ANAGE VILLE, NO 27379  COUNTY STATEMENT OF DEFICIENCES TO ANAGE VILLE, NO 27379  COUNTY STATEMENT OF DEFICIENCES TO ANAGE VILLE, NO 27379  COUNTY STATEMENT OF COUNTY							
CASWELL HOUSE  SUMMARY STATEMENT OF DEPRHISCIPS (SACH INSTITUTE)  CAST TO SUMMARY STATEMENT OF DEPRHISCIPS (SACH INSTITUTE)  CAST SUMMARY STATEMENT OF DEPRHISCIPS (SACH INSTITUTE)  THE SUMMARY STATEMENT OF DEPRHISCIPS (SACH INSTITUTE)  CAST SUMMARY STATEMENT OF DEPRHISCIPS (SACH INSTITUTE)  THE SUMMARY STATEMENT OF DEPRHISCIPS (SACH INSTITUTE)  CAST SUMMARY STATEMENT OF DEPRHISCIPS (SACH INSTITUTE)  CAST SUMMARY STATEMENT OF DEPRHISCIPS (SACH INSTITUTE)  THE SUMMARY STATEMENT OF DEPRHISCIPS (SACH INSTITUTE)  CAST SUMMARY STATEMENT OF DEPCHISCIPS (SACH INSTITUTE)  CAST SUMMARY STATEME			HAL017054	D. WING		06/	6/2016
DAY DEPARTMENT OF DEFICIENCIES  ONLY DEFINITION OF DEFICIENCIES  ONLY DEFINITION OF DEFICIENCIES  ONLY DEFINITION OF DEFICIENCIES  ONLY DEFINITION OF DEFICIENCY OF LEG BENTY-WIS INFORMATION)  This Rule is not met as evidenced by:  1. Based on observation, interview with Maintenance Tech and review of documents, the Building was not maintained in a safe and operating condition. This would expose all occupants to fire if the sprinkter system did not supply water soon enough to suppress the fire, Findings on June 16, 2016  a. Examination of the fire sprinkter riser revealed the accelerator had been by-passed. The Fire Marshal was contacted and a fire watch was implemented starting at 500 FM.  2. Based on observations and record review, the Building was not maintained in a safe and operating condition. This could expose all eccupants to fire if the fire sprinkter heads have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on June 16, 2018.  a. Most of the Building - the fire sprinkter heads have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on June 16, 2018.  because the door(a) proteoting the opening in the smoke barrier did not late when the fire alarm system released the door forgin. Findings on June 18, 2016:  a. Cross-Corridor Doors near Bedroom 410 - the front leaf did not late when the fire alarm system released the doors.  Century Fire has a part on order to repair the accelerator. Estimated completion:  8/1/2016  Century Fire has a part on order to repair the accelerator. Estimated completion:  8/1/2016  The fire aprinkter heads have been cleaned.  6/18/2016  The cross-Corridor Doors near Bedroom thas been repaired.  6/18/2016  The cross-Corridor Doors near Bedroom 410 - the back leaf hits the floor and will not close on its own power when the fire alarm system released	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, OTTY,	STATE, ZIP CODE		
DOUGLIST SUMMARY STATEMENT OF DEFICIENCIES PRECENT (SACH DEMICHACY MUST BE PRECEDED BY FULL TAG (SACH DEMICHACY OR LSC DEMITTY/HIS INFORMATION)  C 189  C 189  C 189  C 189  C 189  This Rule is not met as evidenced by: 1. Based on observation, interview with Maintenance Tech and review of documents, the Building was not maintained in a safe and operating condition. This would expose all occupants to fire if the sprinkler riser revealed the accelerator had been by-passed. The Fire Marshal was contacted and a fire watch was implemented starting at 5:00 PM.  2. Based on observations and record review, the Building was not maintained in a safe and operating condition. This could expose all occupants to fire if the fire sprinkler heads have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on June 16, 2016: a. Most of the Building - the fire sprinkler heads have been cleaned.  The fire aprinkler heads have been cleaned.  The fire aprinkler heads have been cleaned.  6/20/201	CASWE	LHOUSE	sas ua H	IGHWAY 15	8 WEST		
GACH CORRECTIVE ACTION already and interview with Maintenance Tech and review of documents, the Building was not maintained in a safe and operating condition. This would expose all occupants to fire if the sprinkler heads have their thermal elements insulated with debis causing a delay in the response to a fire. Findings on observation, the Building was not maintained in a safe and operating condition. The sprinkler heads have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on June 16, 2016:  a. Most of the Building was not maintained with debris causing a delay in the response to a fire. Findings on June 16, 2016: a. Most of the Building was not maintained in a safe and operating condition, This could expose all occupants to fire if the fire sprinkler heads have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on June 16, 2016: a. Most of the Building - the fire sprinkler heads were debris-leaded with link/dust.  3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(a) proteoting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on June 18, 2018: a. Cross-Corridor Doors near Bedroom the fire alarm system released the doors. b. Cross-Corridor Doors near Bedroom 410 - the back teaf hits the floor and will not close on its own power when the fire alarm system released to the fire the floor and will not close on its own power when the fire alarm system released to the fire that the floor and will not close on its own power when the fire alaread the close on its own power when the fire alaread the close on its own power when the fire alaread the close on its own power when the fire alaread the close on its own power when the fire alaread the close on its own power when the fire alaread the close on it				//LLE, NO S	27379		
This Rule is not met as evidenced by:  1. Based on observation, interview with Maintenance Tech and review of documents, the Building was not maintained in a safe and operating condition. This would expose all occupants to fire if the sprinkler system did not supply water soon enough to suppress the fire. Findings on June 16, 2016  a. Examination of the fire sprinkler riser revealed the accelerator had been by-passed. The Fire Marshal was contacted and a fire watch was implemented starting at 5:00 PM.  2. Based on observations and record review, the Building was not maintained in a safe and operating condition. This could expose all eccupants to fire if the fire sprinkler heads have their thermal elements insulated with being causing a delay in the response to a fire. Findings on June 16, 2016:  a. Most of the Building was not maintained in a safe and operating condition, because the door(a) proteoting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not conheiting the smoke of the fire in the compartment of origin. Findings on June 16, 2018:  a. Cross-Corridor Doors near Bedroom the fire alarm system released the spors.  b. Cross-Corridor Doors near Bedroom 410 - the back tear hits the floor and will not close on its own power when the fire alarm system released to my power when the fire alarm system released.	PREPIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROX	DEE	OOMPLEYS DATE
1. Based on observation, interview with Maintenance Tech and review of documents, the Building was not maintained in a safe and operating condition. This would expose all occupants to fire if the sprinkler system did not supply water soon enough to suppress the fire, Findings on June 16, 2016  a. Examination of the fire sprinkler riser revealed the accelerator had been by-passed. The Fire Marshal was contacted and a fire watch was implemented starting at 6:00 PM.  2. Based on observations and record review, the Building was not maintained in a safe and operating condition. This could expose all eccupants to fire if the fire sprinkler heads have their thermal elements insulated with debria causing a delay in the response to a fire. Findings on June 16, 2016  a. Most of the Building - the fire sprinkler heads were debris-loaded with limbdust.  3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) proteoting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on June 16, 2016  a. Cross-Corridor Doors near Bedroom 410 - the front leaf did not latch when the fire slarm system released the doors, b. Cross-Corridor Doors near Bedroom 410 has been repaired.  6/18/2016	C 189	Continued From page	ga 6	C 189			
the Building was not maintained in a safe and operating condition. This could expose ell occupants to fire if the fire sprinkler heads have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on June 16, 2016:  a. Most of the Building - the fire sprinkler heads were debris-loaded with lint/dust.  3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) proteoting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and vialtors by not containing the smoke of the fire in the compartment of origin. Findings on June 16, 2016:  a. Cross-Corridor Doors hear Badroom 410 -, the front leaf did not latch when the fire alarm system released the doors.  b. Cross-Corridor Doors near Bedroom 410 -, the back leaf hits the floor and will not close on its own power when the fire alarm system released		<ol> <li>Based on obser Maintenance Tech a Building was not ma operating condition. occupants to fire if the supply water soon e Findings on June 16 a. Examination of revealed the acceler The Fire Marshal was was implemented at</li> </ol>	vation, interview with and review of documents, the sintained in a safe and. This would expose all the sprinkler system did not all the sprinkler system and not all the fire sprinkler riser after had been by-passed. As contacted and a fire watch arting at 5:00 PM.		the accelerator. Estimated comple		6/17/2016
maintained in a safe and operating condition, because the door(s) proteofing the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on June 18, 2018:  a. Cross-Corridor Doors near Bedroom 410 - the front leaf did not latch when the fire alarm system released the doors.  b. Cross-Corridor Doors near Bedroom 410 - the back leaf hits the floor and will not close on its own power when the fire alarm system released.  The cross-Corridor Doors near Bedroom has been repaired.  6/18/2016		the Building was not operating condition. occupants to fire if the their thermal element causing a delay in the Findings on June 16 a. Most of the Building.	maintained in a safe and This could expose all the fire sprinkler heads have ts insulated with debris to response to a fire. 2016: ling - the fire sprinkler heads		The fire aprinkler heads have been	cleaned	, 6/20/2016
a. Cross-Corridor Doors hear Bedroom 410 - , the front leaf did not latch when the fire alarm has been repaired.  5/18/2016  5/18/2016  The cross-Corridor Doors near Bedroom has been repaired.  The cross-Corridor Doors near Bedroom has been repaired.  6/18/2016  6/18/2016		maintained in a safe because the door(s) smoke barrier did no to restrict smoke. Th staff and visitors by r the fire in the compa Findings on June 16	and operating condition, proteoting the opening in the close completely and latch is could affect all residents, not containing the smoke of trment of origin.				
b. Cross-Corridor Doors near Bedroom 410 - , the back feaf hits the floor and will not close on its own power when the fire alarm system released		the front leaf did not	latch when the fire alarm '			froom	6/18/2016
Ine goors.		<ul> <li>b. Cross-Corridor E the back leaf hits the own power when the the doors.</li> </ul>	Poors near Bedroom 410 - , floor and will not close on its			oom	6/18/2016

Division	of Health Service Re	guletion			, ON	VLLUOAED
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDEN (IFICATION NUMBER;	(X3) MULTIP A. BUILDING	LEI CONSTRUCTION : 01	(X3) DATE COMP	SURVEY LETED
,		HAL017054	B, WiNa		06/1	6/2016
NAME OF	יתסטוספת סת שטררנובת	STREET AD	DRESS, CITY,	STATE, XIP CODE		, , , , , , , , , , , , , , , , , , , ,
CASWEL	L, HOUSE		GHWAY 188 (LLE, NO. 2			
(X4) ID	ATS YRAMMUS	TEMENT OF DEFICIENCIES	10	PROMOCR'S PLAN OF CORRECTOR		T Comp
PREFIX	(EAGH DEFIGIENCY REGULATORY OR L	MUST BE PRECEDED BY FULL SCIDENTLYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL) CROSS-REPERENCED TO THE APPROP DEPICIENCY)	RIATE	GOMPLETE DATE
C 189	Continued From pa	ge 7	C 189		./	
	resistance rated cormaintained in a safe all residents, staff a contain fire /smoke Findings on June 16 a. E Hall Group SI door did not laten in b. Main Nurse State top leaf did not late the bottom leaf was 6. Based on obsermaintained in a safe because the comme extinguishing systemaintenance and do a properly working a residents, staff and kitchen hood's suppoperate properly whindings on June 16 findings on June 16	nower Room - the comidor to its frame when closed, tion - the corridor dutch-door ich into the bottom leaf when letched to its doorframe.  vation, the Building was not and operating condition, arcial kitchen hood's fire in lacked the inspections, ocumented required to ensure system. This could affect all visitors if the commercial resolon system falls to an needed, 2016;		The E Hall shower room door has repaired. The main nurse station corridor d door's leaf has been repaired.		6/20/2016 6/20/2016
	<ul> <li>a. Kitchen - Per the tag, the commercial extinguishing system</li> </ul>	semi-annual maintenance		The semi-annul maintenance inspense been completed.	ection	6/30/2016
	of the commercial ki	in October 20013, there has		Monthly inspection will be listed on semi-annual maintenance tag.	the	6/18/2016
	mainteined in a safe could expose all res smoke/fire if smoke/ Room or compartme Findings on June 16		ŕ			

Regulation				
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				BURVEY LETED
HAL017054	is, WiNos	The state of the s	08/1	6/2016
TATEMENT OF DEFICIENCIES	PREFIX TAG	PROVIDER'S PLAN OF CORRECTS (EACH CORRECTIVE ACTION SHOUL	D BE	(XII) GOMPLETI DATR
in from the fire-resistance-rated y - the fire aprinkler esicutcheon the complete opening through rated ceiling.  In Bedroom 101 - the fire on plete was missing, attor - there was a gap around in through the ed ceiling assembly.  In arrier on 400 Hall - there was railed ceiling smoke barrier, arrier on 400 Hall - there was repenetration through the ed ceiling smoke barrier.  If Room - there was a gap netration through the ed ceiling assembly, are Bedroom 301 - the corridor into its frame when closed.  The corridor door had holes are replacement hardware did liation holes to the pervious erreplacement hardware did liation holes to the pervious ervation, the Building was not fe and operating condition, iding components fail to lity intended. This could affect and visitors if the component or	C 109	The kitchen fire sprinkler escutcher have been repaired.  The kitchen pantry fire sprinkler esplate has been corrected.  The escutcheon plate from bedrochas been repaired.  The gap around a cable panetratio through the fire resistance ceiling shas been repaired.  The gaps around serveral cable pawill be caulk with UL rated fire caule Estimated completion; 8/1/2016  The open end alseve penetration caulked with UL rated fire caulk. Estimated completion; 8/1/2016  The gap around a cable pentration caulked with UL rated fire caulk. 5 SCU dining near bedroom 301 the corridor door has been repaired.  Bedroom 502 the corridor door has repaired.	outcheon om 101 n describly enetration lk. will be /1/2016	6/20/20 6/20/20 6/20/20
	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:  HALDITOSA  STREET AD 535 US HI YANCEYV  FATEMENT OF DEFICIENCIES EY MUST HE PRECEDIED BY FULL LISC IDENTIFYING INFORMATION)  Hage 8 In from the fire-resistance-rated  y - the fire sprinkler excutcheon the complete opening through rated ceiling, orn Bedroom 101 - the fire ton plete was missing, tation - there was a gap around in through the ed ceiling assembly, tarrier on 400 Hall - there were real cable penetration through rested ceiling smoke barrier, tarrier on 400 Hall - there was the penetration through the ed ceiling smoke barrier. If Room - there was a gap metration through the ed ceiling assembly, the corridor door had holes the replacement hardware did thation holes to the pervious  - the corridor door had holes the replacement hardware did thation holes to the pervious  - the corridor door had holes the replacement hardware did thation holes to the pervious  - the corridor door had holes the replacement hardware did thation holes to the pervious  - the corridor door had holes the replacement hardware did thation holes to the pervious  - the corridor door had holes the replacement hardware did thation holes to the pervious  - the corridor door had holes the replacement hardware did thation holes to the pervious  - the corridor door had holes the replacement hardware did that on holes to the pervious  - the corridor door had holes the replacement hardware did that on holes to the pervious  - the corridor door had holes the replacement hardware did that on holes to the pervious  - the corridor door had holes the replacement hardware did that on holes to the pervious	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HALDITOS4  RETREET ADDRESS, CTY, 638 US HIGHWAY 15: YANCEYVILLE, NC 2 PANCEYVILLE, NC	(X1) PROMOBINGUPPLISRCLA (X2) MALTIPLE CONSTRUCTION A BUILDING: 0:  HALD17084  REFERENCE OF THE PROVIDERS PLAN OF CORRECTIVE ACTION AND HER PROVIDERS PLAN OF CORRECTIVE ACTION AND APPROVIDERS PLAN OF CORRECTIVE ACTION APPROVIDERS PLAN OF CORRECTION APPROVIDED	(X3) MALTIPLE CONSTRUCTION A BUILDING: 01  A BUILDING: 01  BY WING  BY WING  A BUILDING: 01  BY WING  BY WING  BY WING  A BUILDING: 01  BY WING  BY COMP  BY WING  BY COMP  BY WING  BY COMP  BY WING  BY COMP  BY COMP  BY WING  BY COMP  BY C

Division of Health Service Regulation STATE FORM

TOD121

Division	of Health Service Re	gulation			FORM	MERROVED
	NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION : 01	(X3) DATE COMP	SURVEY LETED
		HAL017054	II, WING	VT//	06/1	6/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, OTTY,	STATE, ZIP GODS		
CASWE	LL HOUSE	YANGEYV	GHWAY 168 ILLE, NG 2			
(X4) IO PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY PULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D. BE	(XB) COMPLEYE BATE
0 189	larch into its doorfre	o	Ċ 189	The kitchen to dining room door wi to be replaced. Estimated Complet \$/1/2016		
	maintained in a safe falling to ensure that done without the us- knowledge or effort, and visitors if some Findings on June 16 g. Bedroom 2058 - equipped with hasp padlock. This lockin	and operating condition, by t egress from all areas can be of keys, tools or, special This could affect some staff one becomes trapped inside.		The hasp on the closet door will booff. Estimated completion: 7/16/20		
C 199	Exhaust Ventilation		C 198			
	provided with exhautwo cubic feet per marequirement does not before April 1, 1984, these specified specified specified specified solid utility room; (3) bathrooms and to (4) housekeeping of (5) laundry area.  (k) This Rule shall a facilities with the exception.	d in this Paragraph shall be st ventilation at the rate of inute per square foot. This of apply to facilities licensed with natural ventilation in es; age;	,			
	pleatic sheet, the fac	as ovidenced by; vation and testing with a thin illty failed to maintain the proper working order. This				

Continued From pa could affect all resid proventing the exha Findings on June 10 a. Bedroom 513	525 US H YANCEYN TEMENT OF DEFICIENCIES MUST SE PRICEDED BY FULL SC IDENTIFYING INFORMATION)  ge 10 Jents, staff and visitors by susting of odors.	A. BUILDING	STATE, ZIP DODE B WEST	06/1	SURVEY LETED 6/2016
Continued From pa could affect all resid preventing on June 10 a. Bedroom 513 b	STREET AD 535 US H YANGEYV TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  ge 10 Jents, staff and visitors by susting of odors.	ORESS, GITY, IGHWAY 15: FILLE, NO 2 ID PROFIX TAG	B WEST 17379 PROVIDERS PLAN OF CORRECTION SHOULD CROSS-REPERENCED TO THE APPROPRIES.	ON COMP	(Xa) COMPLETE
Continued From pa could affect all resid preventing on June 10 a. Bedroom 513 b	525 US H YANCEYN TEMENT OF DEFICIENCIES MUST SE PRICEDED BY FULL SC IDENTIFYING INFORMATION)  ge 10 Jents, staff and visitors by susting of odors.	GHWAY 151 FLLE, NG 2 PREFIX TAG	B WEST 17379 PROVIDERS PLAN OF CORRECTION SHOULD CROSS-REPERENCED TO THE APPROPRIES.	ON COMP	(XII) COMPLETE
GUMMARY STA (EACH DEFICIENCY REGULATORY OR LI Continued From pa could affect all resid proventing the exha Findings on June 10 a. Bedroom 513 b	YANCEYN TEMENT OF DEFICIENCIES MUST SE PRECEDED BY FULL SE IDENTIFYING INFORMATION)  ge 10 Jents, staff and visitors by susting of odors.	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REPERENCED TO THE APPROPRIES.	DINE	(XII) COMPLETE DATE
Continued From pa could affect all resid proventing the exha Findings on June 10 a. Bedroom 513	MUST BE PRECEDED BY FULL BE IDENTIFYING INFORMATION)  ge 10  Jents, staff and visitors by Justing of odors.	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP	DINE	(XA) COMPLETE CATE
could affect all residence preventing the exhaust findings on June 10 a. Bedroom 513 b	tents, staff and visitors by justing of odors.	C 199			******
preventing the exha Findings on June 16 a. Bedroom 513 b	usting of edors.				
a. Bedroom 513 B	0.00 for		The exhaust fan will be repaired. Estimated completion: 8/1/2016		
build-up of odors,	s, 2015: Bathroom - the exhaust iid not work, allowing a		The exhaust ventilation will be re Estimated completion: 8/1/2018	paired.	
Facilities for 7-12 R	esCall System	C 200	,		
10A NCAC 13F, 03: REQUIREMENTS (h) In facilities licen electrically operated connecting each res staff bedroom. The shall be such that th single action and re- staff at the point of c activator shall be will on the bed. (k) This Rule shall is facilities with the exc which shall not apply	sed for 7-12 residents, an call system shall be provided ident bedroom to the live-in resident call system activator ey can be activated with a main on until deactivated by origin. The call system thin reach of the resident tying apply to new and existing seption of Paragraph (e) to existing facilities.				
Based on Obser operated call system or assistance waffect all residents, a notify staff that assisting on June 16 a. Entire Building did not notify staff, b. Bedroom 206 St.	vation, the electrically add not provide the ability to hen activated. This could and staff if the system falls to tance is requested.  , 2016: the nurse call pull stations nower Room - the nurse call	,	repair the nurse call system. Estimated completion: \$/1/2016		6/20/201e
1 1 1 (4 4 5 5 5 5 5 6 C) TO THE DEED THE SET	Facilities for 7-12 Re SECTION .0300 - P 10A NCAC 13F .037 (h) In facilities licented in the sector of the sector of the staff bedroom. The shall be such that the shall be such that the shall be such that the shall be will be the bed.  (k) This Rule shall shall a scilities with the exception of the bed.  (k) This Rule shall shall shall not apply the Rule is not med.  (c) Based on Observed in the shall residents, a solify staff that assisting in June 16 and not notify staff, b. Bedroom 206 Staff, b. Bedroom 206 Staff.	Facilities for 7-12 ResCall System  SECTION .0300 - PHYSICAL PLANT  10A NCAC 13F .0311 OTHER  REQUIREMENTS  (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the five-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.  (k) This Rule shall apply to new and existing scilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by:  In Based on Observation, the electrically operated call system did not provide the ability to sall for assistance when activated. This could affect all residents, and staff if the system falls to notify staff that assistance is requested.  Inclines on June 16, 2016:  Entire Building - the nurse call pull stations	Facilities for 7-12 ResCall System  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (k) This Rule shall apply to new and existing actilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by:  Based on Observation, the electrically operated call system did not provide the ability to sail for assistance when activated. This could affect all residents, and staff if the system falls to solify staff that assistance is requested.  Inclings on June 16, 2016:  Entire Building - the nurse call pull stations lid not notify staff,  b. Bedroom 206 Shower Room - the nurse call	Facilities for 7-12 ResCall System  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.  (k) This Rule shall apply to new and existing actilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by:  Based on Observation, the electrically operated call system did not povide the ability to sail for essistance when activated. This could affect all residents, and staff if the system falls to path staff that assistance is requested.  Indings on June 16, 2016:  Entire Building - the nurse call pull stations is followed the completion: 6/1/2016  Bedroom 206 Shower Room - the nurse call	Facilities for 7-12 ResCall System  SECTION .0300 - PHYSICAL PLANT  10A NCAC 13F .0311 OTHER  REQUIREMENTS  (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system scattwator shall be within reach of the resident tying on the bed.  (k) This Rule shall apply to new and existing actilities with the exception of Paragraph (e) which shall not apply to existing facilities,  This Rule is not met as evidenced by:  Based on Observation, the electrically operated call system did not provide the ability to sail for easistance when activated. This could affect all residents, and staff if the system falls to eatify staff, that assistance is requested.  Findings on June 15, 2016:  Entire Building - the nurse call pull stations is notify staff,  b. Bedroom 206 Shower Room - the nurse call  Nurse call pull station has been installed.